

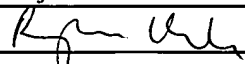
UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 1.53(b))</i>	Attorney Docket No.	03551.0143
	First Inventor	Dolnick et al.
	Title	Compositions and Methods for Identifying...
	Express Mail Label No.	ER578253947US

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i>	Mail Stop Patent Application ADDRESS TO: Commissioner for Patents, P.O. Box 1450 Alexandria, Virginia 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>31/</u>] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <u>11/</u>] 5. <input type="checkbox"/> Oath or Declaration [Total Pages <u>1/</u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input checked="" type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input checked="" type="checkbox"/> Paper c. <input checked="" type="checkbox"/> Statements verifying identity of above copies
ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 17. <input checked="" type="checkbox"/> Other: <u>Check in the amount of \$500.00 and unexecuted</u> <u>Declaration</u>	

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of the prior application No: 1
 Prior application information: Examiner: _____ Group/Art Unit: _____
 For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.
 The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number:	26712	OR <input type="checkbox"/> Correspondence address below			
NAME	Ranjana Kadle				
	Hodgson Russ LLP				
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Name (Print/Type)	Ranjana Kadle	Registration No. (Attorney/Agent)	40,041		
Signature		Date	November 21, 2003		

"Express Mail" Mailing Label Number ER578253947US

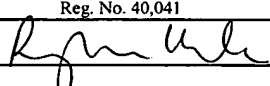
Date of Deposit November 21, 2003

FEE TRANSMITTAL for FY 2004

Effective 01/01/2003. Patent Fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

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Filing Date		November 21, 2003	
First Named Inventor		Dolnick et al.	
Examiner Name			
Group/Art Unit			
Attorney Docket Number		03551.0143	
TOTAL AMOUNT OF PAYMENT		(\$) 500.00	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																											
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <u>08-2442</u> Deposit Account Name: <u>Hodgson Russ LLP</u> The Director is hereby authorized to (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any fee deficiencies or credit any overpayments <input type="checkbox"/> Charge any additional fees during pendency of this application. <input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account		3. ADDITIONAL FEES																																																																																																																																																																																											
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Independent Claims $4/ - 3^{**} = 1/ \times 43/ =$					\$ 43																																																																																																																																																																																								
Multiple dependent $1/ \times 1/ =$					\$																																																																																																																																																																																								
SUBTOTAL (2)					\$ 115																																																																																																																																																																																								
SUBMITTED BY: Ranjana Kadle Reg. No. 40,041 SIGNATURE  DATE: November 21, 2003 Telephone: (716) 848-1628																																																																																																																																																																																													

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